
Montana Immunization Program Newsletter

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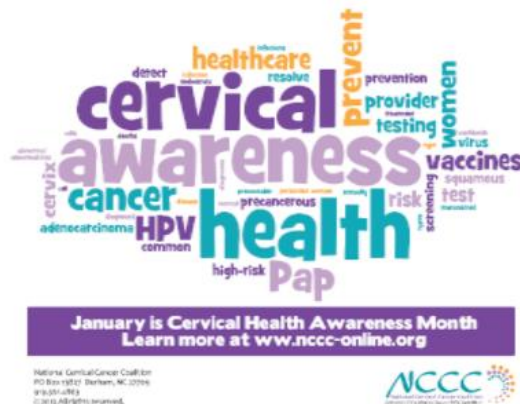
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January is Cervical Cancer Awareness Month! Start the New Year by educating your patients about cervical cancer and providing vaccine and other information to prevent this type of cancer.

Each year, around 11,000 women are diagnosed with cervical cancer in the United States. In Montana, an average of 31 women are diagnosed with cervical cancer every year. Of these diagnosed cervical cancer cases, 99% contain the human papillomavirus (HPV).

HPV is a very common sexually transmitted infection that nearly everyone is infected at some point during their lives. HPV is transmitted by genital-genital and genital-anal contact (even without penetration). Additionally, HPV can be transmitted by oral-genital contact.

There are about 150 types of HPV. Majority of these types of HPV do not cause any health problems, however, some HPV types can cause genital warts and HPV-related cancers. Men and women can get cancer of the mouth/throat and anus. Men can get penile HPV cancer and women can get cervical, vaginal, and vulvar HPV cancers.

High-risk HPV types include: 16 and 18 which cause about 66% of cervical cancers; 6 and 11 which cause about 90% of genital warts; and 31, 33, 45, 52, and 58 which cause another 15% of HPV-associated cancers.

Prevention

The HPV vaccine is cancer prevention! The HPV vaccine protects men and women against the **high-risk** HPV types that are known to cause genital warts, cervical and other HPV-related cancers.

The Advisory Committee on Immunization Practices routinely recommends the HPV vaccine series at 11-12 years of age. For those that begin the series between 9-14 years of age, a 2-dose schedule separated by 6 to 12 months is now recommended. A 3-dose schedule is recommended for those who start the series on or after their 15th birthday and for certain people with immunocompromising conditions.

Vaccination works best when administered before exposure. Data indicate that the 2-dose schedule administered to younger adolescents works as well, if not better than the 3-dose schedule administered to older adolescents and young adults. In addition, the 2-dose schedule makes it easier for parents to schedule appointments and protect their children against cancer.

Help prevent your patients from cervical and other HPV-related cancers:

- Recommend the HPV vaccine to 11-12 year olds and catch-up those 13-26 years of age who missed vaccination. HPV vaccine is cancer prevention.
- Encourage women 21 years of age and older to be regularly screened for cervical cancer with a pap test.
- Educate patients about safe-sex practices, including condom use.

For more information about the HPV vaccine, including educational resources and tips to talking to parents, visit the MT TeenVax adolescent immunization webpage:

<http://dphhs.mt.gov/publichealth/Immunization/AdolescentVaccines>.

2017 Regional Workshops

Agenda and registration information will be coming soon.

- **Great Falls-** Wednesday, April 5: Hampton Inn
- **Missoula-** Tuesday, April 18: Holiday Inn Missoula Downtown
- **Butte/Fairmont-** Wednesday, April 19: Fairmont Hot Springs
- **Miles City-** Wednesday April 26: Sleep Inn and Suites
- **Billings-** Thursday, April 27: Billings Hotel and Convention Center



MT TeenVax Challenge

Thank you for displaying and sharing information about the 2016 MT TeenVax Challenge! The Montana Immunization Program and our partners are very pleased with the response to the first challenge. We received 319 entries and randomly selected winners in 44 counties. Entrants reported hearing about the MT TeenVax Challenge from: healthcare provider (135); materials posted at healthcare provider office (46); Pandora (10); Facebook (11); health department (26); and school (22).

Parents/guardians of the winners have been contacted and gift cards were mailed. Some health departments presented the gift card to the winner, so you may have seen a photo and/or article in your local paper. Information on which counties have winners can be found on our webpage at <http://dphhs.mt.gov/publichealth/Immunization/AdolescentVaccines>.

The multi-year MT TeenVax campaign will provide education, resources, and information about Tdap, meningococcal, HPV, and influenza vaccines for providers, parents, and teens. During the campaign each of these vaccines will be highlighted in greater detail to help increase awareness.

The 2017 MT TeenVax Challenge will open for entries in June 2017 and last throughout the fall.

We appreciate all the vaccines you provide to teens and the work in catching up those who missed vaccination. We hope you will continue to join us with our campaign to increase adolescent coverage rates in Montana. If you have any questions, please contact the Montana

Immunization Program at (406) 444-5580 or hhsiz@mt.gov.



CDC Childhood Immunization Champion Award Nomination Period Now Open!

The CDC Childhood Immunization Champion Award is an annual award that recognizes individuals who make a significant contribution toward improving public health through their work in childhood immunization. Each year, the CDC Childhood Immunization Champion honors up to one person from each of the 50 U.S. states, 8 U.S. Territories and Freely Associated States, and the District of Columbia. Nominees of all kinds are accepted, including parent advocates, community members, and health care professionals who go above and beyond their expected responsibilities to ensure that children in their communities get their vaccines on time.

Nominations for Montana should be submitted to the Montana Immunization Program at hhsiz@mt.gov by February 3, 2017. The Montana Immunization Program will review all nominations received and select one for submission to CDC by February 24, 2017. CDC will review nominations for each state and announce awardees during National Infant Immunization Week (NIIW), April 22-29, 2017.

For award criteria, the nomination packet, and other information about the CDC Childhood Immunization Champion Award, please visit:

<http://www.cdc.gov/vaccines/events/niiw/champions/index.html>

Here's a list of last year's winners:

<https://www.cdc.gov/vaccines/events/niiw/champions/profiles-2016.html>

We hope you will consider submitting a nomination for yourself or someone you believe is a childhood immunization champion in Montana. If you have any questions, please contact the Montana Immunization Program at hhsiz@mt.gov or (406) 444-5580.

SPRING 2017 CLINICAL VACCINOLOGY COURSE	MARCH 10-12, 2017 SWISSÖTEL CHICAGO CHICAGO, IL
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- Save \$100 by registering before 2/1/2017
- Learn about the most recent immunization updates
- Earn up to 17.5 CME/CPE continuing education credits or CNE contact hours



**National
Foundation for
Infectious
Diseases**

Register today at www.nfid.org/cvc

Spring 2017 Clinical Vaccinology Course

You are invited to attend the Spring 2017 Clinical Vaccinology Course jointly planned by the National Foundation for Infectious Diseases (NFID) and Emory Vaccine Center March 10-12, 2017 in Chicago, IL.

This two and a half day Clinical Vaccinology Course focuses on new developments and issues related to the use of vaccines. Expert faculty will provide the latest information on vaccines, including updated recommendations for vaccinations across the lifespan, and innovative and practical strategies for ensuring timely and appropriate immunization.

WHY ATTEND:

- Get the latest updates on immunizations across the lifespan & in special populations
- Network with physician, nurses, nurse practitioners, pharmacists, & other healthcare professionals from around the world
- Develop effective communication & implementation strategies to increase immunization rates
- Attendees earn up to 17.5 CME/CPE continuing education credits or CNE contact hours

Save \$100 by registering before February 1, 2017 at www.nfid.org/cvc.

Vaccines In Practice

Rotavirus Vaccines: Timing and Spacing

We see a number of Rotavirus vaccine series started late which flag as invalid* in imMTrax. The first dose of Rotavirus vaccine is recommended to be administered at the 2 month (8 weeks) visit. Waiting until the 4 month (16 weeks) visit is past the recommended 15 weeks 0

days for the first dose. Please review when your facility initiates the first dose of rotavirus vaccine and assure the final dose is administered before 8 months and 0 days of age. For additional information, see below for *Ask the Experts: CDC Experts Answer Your Questions*.

*Rotavirus Dose 1 administered at age greater than recommended age. CDC recommends completing the series of patient age at the time of next dose is \leq 8 months of age.

1. A child was inadvertently administered the first dose of rotavirus vaccine at five months of age. Since the rotavirus vaccine series was started after age 15 weeks, should the series be continued?

If a child inadvertently receives the first dose of rotavirus vaccine at 15 weeks or older, the remaining doses of the series can be given as long as they are administered by 8 months and 0 days of age. However, if the child is already 8 months and 1 day or older, ACIP does not recommend giving any further doses because 8 months and 0 days is the maximum age for administering any dose in the series. See page 17 of [Prevention of Rotavirus Gastroenteritis Among Infants and Children Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#) for more information.

2. Why is it important to vaccinate against rotavirus? Isn't the disease benign?

Before rotavirus vaccines were available, rotavirus was the most common cause of severe gastroenteritis in infants and young children in the United States and worldwide. Almost all children were infected by age 5 years. Before vaccine was introduced in the United States, rotavirus was responsible each year for about 3 million episodes of gastroenteritis, 410,000 physician visits, 205,000–272,000 emergency department visits, 55,000–70,000 hospitalizations, and between 20 and 60 deaths among children younger than age 5 years.

For more *Ask the Experts* Q&A visit: http://www.immunize.org/askexperts/experts_rota.asp

Sample Rotavirus Vaccine Labels

These labels can be used to mark the area where rotavirus vaccines are stored within the storage unit. Depending on how vaccines are organized, labels can be placed on the containers, bins, or directly attached to the shelves where the vaccines are stored. These labels can help staff quickly locate the correct vaccine. This is one of many helpful strategies to differentiate vaccines to help prevent vaccine administration errors. For more sample vaccine labels [CLICK HERE](#).

RV1 (Rotarix)

Ages: 6 weeks through 8 months, 0 days
Maximum age for 1st dose is 14 weeks, 6 days
Maximum age for last dose is 8 months, 0 days

Route: Oral (PO)

Reconstitute RV1 powder **ONLY** with manufacturer-supplied sterile water/calcium chloride/xanthan diluent

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) or at controlled room temperature up to 25°C (77°F) and discard if not used within 24 hours.

Do NOT inject

Read the package insert that accompanies the product to check for the presence of natural rubber or latex.

RV5 (RotaTeq)

Ages: 6 weeks through 8 months, 0 days
Maximum age for 1st dose is 14 weeks, 6 days
Maximum age for last dose is 8 months, 0 days

Route: Oral (PO)

Do NOT inject

Questions? Contact Susan Reeser, Nurse Consultant, sreeser@mt.gov or (406) 444-5580.



VFC Corner

Monthly VFC Hot Topics Webinars

When: Every other month, last Tuesday and Thursday of the month.

[Updated Hot Topics Schedule](#)

[Archived Presentations](#)

Our 2017 VFC Hot Topics webinar series will start the last week in February. Stay tuned as we develop the topics and schedule.

Please help us develop our VFC Hot Topics webinars! If there is a subject you would like us to cover, please send to hhsiz@mt.gov.

VFC Reminders

VFC Annual Re-enrollment is Now Open!

You cannot reconcile your inventory or order vaccines until your 2017 VFC Site Contract has been submitted in imMTrax and approved.

See the all-provider email dated December 20, 2016 for details.



Clinic Spotlight

Cascade City-County Health Department organized the Drive-Thru Flu Clinic on September 9 to help keep people healthy during the upcoming flu season. The clinic was set up at the fairgrounds in Great Falls. All forms of payment (cash, check and credit card), as well as insurance were accepted. Set up began at 7am and tear down was completed by 5pm. A total of 397 adults received their flu shot without having to leave the seat of their car!

Staff:

(25) CCHD employees;
(16) people from Montana Air National Guard, Great Falls Clinic, Benefis, and Great Falls Emergency Services; and
(23) students from the C.M. Russell High School's Health Occupations Students of America (HOSA) program and volunteers.

Process:

There were nine lanes used for this clinic, including one lane for City and County employees. Incoming traffic was directed into one of the nine lanes. Once in the lane, HOSA students provided clip boards with a registration form, an instruction sheet on how to obey traffic signs and an evaluation form. The HOSA students also gave instructions on how to fill out the forms.

Clients drove to the registration tents to provide insurance information/payment and demographic information (see Photo 1). Next, clients drove to the triage/nursing tents to receive their flu shot (see Photo 2). There were volunteers at two of the ExpoPark's entrances/exits to assist with incoming and outgoing traffic.

Previous Years:

- 2013: 758 flu shots administered at Drive-Thru Flu Clinic.
- 2014: Due to vaccine arriving late, there was no Drive-Thru Clinic.
- 2015: 216 flu shots administered at Drive-Thru Clinic, insurance was not accepted.
- 2016: 397 flu shots administered at Drive-Thru Clinic.

Photo 1. Registration Tents



Photo 2. Triage/Nursing Tents



Photo 3. Client Receiving Flu Vaccine



Photos courtesy of Cascade City-County Health Department.



imMTrax Announcements

imMTrax User Accounts

With the start of the New Year, please make sure your site has notified the Montana Immunization Program of any user no longer needing access to imMTrax (left employment, retired, changed positions, etc.).

The Program receives many requests for new imMTrax accounts, but rarely receives requests for inactivation or deletion. **As a reminder, it is the site's responsibility to let imMTrax staff know when a user has left employment, changed positions and will no longer need access, etc.** This practice is essential to maintaining the security and accuracy of imMTrax and the data it contains.

To inactivate an imMTrax user's account, either complete and submit the Access Deletion Form (link provided below) or contact imMTrax staff directly.

<http://dphhs.mt.gov/publichealth/imMTrax/imMTraxForms.aspx>

Several times per year, imMTrax staff manually inactivate imMTrax accounts where users have not successfully logged in for an extended period of time (usually 6-8 months). Any users needing reactivation will be required to resubmit imMTrax access requests. The user removals have not shown an impact or inconvenience to any site's day-to-day activities. Manual inactivation by imMTrax staff should not be relied upon to manage a site's user access.

If you have any questions or concerns, please contact Michelle at (406) 444-2969 or mfuncness@mt.gov.



2017 Immunization Provider Education Series

Mark your calendars for the 2017 webinar sessions!

Applying Principles of Vaccination to Vaccine Administration Best Practices

Wednesday, January 18, 2017 at 12:00pm

Presented by Donna Weaver, RN, MN Nurse Educator from CDC

Strategies to Communicate with Vaccine Hesitant Parents

Wednesday, March 8, 2017 at 12:00pm

Presented by JoEllen Wolicki, BSN, RN Nurse Educator from CDC

Adolescent Immunizations

Wednesday, May 10, 2017 at 12:00pm

Presented by Amy Middleman, MD, MPH, MEd Adolescent Medicine Clinic Specialist at
Oklahoma University Medical Center

*This continuing nursing education activity was approved by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- 1.25 nursing contact hours for each webinar session.*

Click [HERE](#) for webinar login information and additional details about the webinar series.

2016 Immunization Provider Education Series

The following webinar sessions are available to view one year from the date of the original presentation. The sessions are available on the MMA website at no cost. Nursing staff can receive 1.25 nursing contact hours for each session.

1. *Immunizations: Building Trust During the Time of Twitter* presented by Dr. Swanson from Seattle Children's Hospital- **Available until 06/10/2017**
2. *Prevention of Influenza in High-Risk Groups: What Are the Vaccine Options and Strategies?* presented by Dr. Poland from Mayo Clinic- **Available until 09/23/2017**
3. *HPV Immunization: Separating the Myths from Reality* presented by Dr. Erin Stevens from Billings Clinic- **Available until 11/21/2017**

Directions to access these webinar sessions can be found [HERE](#).

Questions? Contact the Immunization Program at (406) 444-5580 or hhsiz@mt.gov.

Monthly Vaccine-Preventable Disease Report

Table 1. Select Vaccine-Preventable Disease Counts by Jurisdiction of

Residence- December 2016 and 2016 Year to Date.

Select Vaccine Preventable Disease Case Counts by Jurisdiction of Residence, 2016	Haemophilus influenzae, invasive	Pertussis	Streptococcus pneumoniae, invasive	Varicella (Chickenpox)
Jurisdiction				
CASCADE	1	--	1	--
BIG HORN/CROW	1	--	--	--
DAWSON	--	--	1	--
FLATHEAD	1	--	3	--
GLACIER	--	--	--	1
LAKE	--	--	1	--
LEWIS AND CLARK	--	--	--	1
MCCONE	--	--	--	1
POWELL	--	1	--	--
RAVALLI	--	--	2	--
ROOSEVELT	--	--	--	7
December 2016	3	1	8	10
2016 year to date	16	18	87	69

December 2016

Two *Haemophilus influenzae* serotype B cases were reported from Big Horn and Cascade counties. Contact investigations of both cases did not identify any close contacts requiring prophylaxis. A third *H. influenzae* case was reported from Flathead County; this was serotype F and therefore no prophylaxis was required. An outbreak of chickenpox reported from Roosevelt County in late November continued into December. A total of 15 cases have been identified and all were linked to a school setting. The majority of cases were not vaccinated.

Table 2. Influenza Cases, Hospitalizations and Deaths

	Cases	Hospitalizations	Deaths
2016-2017 Season*	580	102	0

*October 2, 2016- October 25, 2017

2016-2017 Influenza Season Update

Influenza activity increased statewide during December, with 580 cases and 102 hospitalizations reported as of December 31. Of those hospitalized for influenza, the majority were aged 65 years and older. CDC has stated that to date this season, the predominant strain of influenza circulating in the U.S. (as well as Montana) is Influenza A H3N2. This strain is a match to the 2016-17 influenza vaccine.

Data retrieved from DPHHS.

Questions? Contact CDEpi at (406) 444-0273.